

Travel Voucher Summary Sheet

Coast Guard Supplement to the FORM DD 1351-2
Personal Data -- Privacy Act of 1974 Applies

Batch No:

Examiner: LDW 47403

PAO Name: James

Certified and Approved for
Payment:

John E. Doe
4500 SW 29th
Topeka, KS 66614

Signature Date:
17-Dec-02

G. James

SSN:	123-45-6789	DOC NUMBER:	1203G83PSC123	Travel Type:	PCS
Grade/Rank:	GS-11	Detach Date:		Report Date:	
Advances/Prior Payments:	\$0.00	Voucher Type:	Final		

House Hunting Trip:	\$0.00
PCS Travel:	\$360.35
Temporary Quarters:	\$5,600.00
Real Estate Transactions:	\$0.00
Misc Expense Allowance:	\$0.00

Total Entitlement:	\$5,960.35
Less Travel Advances:	\$0.00
Less Federal Tax @ 27%:	\$0.00
Less Medicare @ 1.45%:	\$128.19
Less FICA @ 6.2%:	\$548.12

Total Amount Payable and Due Employee:	\$5,284.04
Total Amount Due US:	\$0.00

Withholding Tax Allowance Paid:	\$2,475.37
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ACCOUNTING SUMMARY:

1203G83PSC123	2/P/301/299/080/SC/70802/2105	\$336.14
	2104	\$360.35
	1212	\$5,600.00
	1215	\$0.00
	1211	0.00
	1210	\$0.00
	121C	0.00
	1213	\$3,151.67
	1219	\$548.12
Advance/Prepayment:		\$0.00

REMARKS: PLEASE REFER ANY QUESTIONS TO LARRY WAYE @ (785)339-2209.

RELOCATION PAYMENT WORKSHEET

TONO:	1203G83PSC123	DATE:	17-Dec-02
NAME:	John E. Doe	PAY GRADE:	GS-11
SSN:	123-45-6789	WTA GROSS UP?	
FERS=0, CSRS=1:	0	YES=1, NO=0	=====> 1
CSRS (OFFSET)=0:		ADVANCE AMOUNT	=====>

COVERED ALLOWANCES	AMOUNT PAID TO EMPLOYEE	3RD PARTY PAYMENTS	TOTAL PAID	MAX MOVING EXPENSE DEDUCTION	AMT OF COV TAXABLE REIMBURSEMENT
ENROUTE MEALS	\$205.00		\$205.00	*****	\$205.00
ENROUTE TRAVEL LODGING/MILEAGE	\$155.35	\$0.00	155.35	155.35	*****
TRANSPORT OF HHG	0.00	0.00	0.00	0.00	*****
1ST 30 DAYS TEMP STORAGE	0.00	0.00	0.00	0.00	*****
ADD'L STORAGE	0.00	0.00	0.00	*****	0.00
MOBILE SHIPMENT IN LIEU OF HHG	0.00	0.00	0.00	0.00	*****
MISC EXP ALLOW	0.00	*****	0.00	*****	0.00
HOUSEHUNTING	560.24	0.00	560.24	*****	560.24
TQSE 1ST 30 DAYS	\$5,600.00	*****	5,600.00	*****	5,600.00
TQSE 2ND 30 DAYS	\$0.00	*****	0.00	*****	0.00
TQSE 3RD 30 DAYS	\$0.00	*****	0.00	*****	0.00
TQSE 4TH 30 DAYS	\$0.00	*****	0.00	*****	0.00
REAL ESTATE SALES EXP	0.00	0.00	0.00	*****	0.00
REAL ESTATE PURCHASE EXP	0.00	*****	0.00	*****	0.00
LEASE BREAK COSTS	0.00	*****	0.00	*****	0.00
TOTALS	\$6,520.59	\$0.00	\$6,520.59	\$155.35	\$6,365.24

TOTAL AMT OF COVERED TAXED REIMBURSEMENTS:

	\$6,365.24
WITHHOLDING TAX ALLOWANCE @ 38.8888%	\$2,475.37
WTA + TOTAL AMT OF COVERED TAXED REIMBURSEMENTS	\$8,840.61
FEDERAL TAX WITHHOLDING @ 27% (WITH WTA)	\$0.00
FEDERAL TAX WITHHOLDING @ 27% (WITHOUT WTA)	\$0.00
MEDICARE WITHHOLDING @ 1.45% (WITH WTA)	\$128.19
MEDICARE WITHHOLDING @ 1.45% (WITHOUT WTA)	\$0.00
FICA WITHHOLDING @ 6.2% (WITH WTA)	\$548.12
FICA WITHHOLDING @ 6.2% (WITHOUT WTA)	\$0.00
FERS/CSRS (OFFSET) TOTAL CONTRIBUTION (WITH WTA)	\$676.31
FERS/CSRS (OFFSET) TOTAL CONTRIBUTION (WITHOUT WTA)	\$0.00
CSRS TOTAL CONTRIBUTION (WITH WTA)	\$128.19
CSRS TOTAL CONTRIBUTION (WITHOUT WTA)	\$0.00
FERS/CSRS (OFFSET) CHECK AMOUNT (WITH WTA)	\$5,844.28
FERS/CSRS (OFFSET) CHECK AMOUNT (WITHOUT WTA)	\$0.00
CSRS CHECK AMOUNT (WITH WTA)	\$6,392.40
CSRS CHECK AMOUNT (WITHOUT WTA)	\$0.00

PCS TRAVEL COMPUTATION WORKSHEET

NAME: John E. Doe POC MILES 576
SSN: 123-45-6789 RATE \$0.20
ENTER 1 FOR ACCOMPANIED OR 0 FOR UNACCOMPANIED: 1

EMPLOYEE OR UNACCOMPANIED SPOUSE: 1
NUMBER OF DEPENDENT TRAVELERS 12 YEARS AND OLDER: 2
NUMBER OF DEPENDENT TRAVELERS UNDER 12 YEARS: 1
MAX DAILY LODGING RATE FOR (EMPLOYEE OR UNACCOMPANIED SPOUSE): \$55.00
DAILY M&IE RATE (EMPLOYEE OR UNACCOMPANIED SPOUSE): \$30.00
MAX NUMBER OF QTRS FOR TRAVEL: 7.68 8
MAX NUMBER OF DAYS FOR TRAVEL: 1.92 2
MAX NUMBER OF NIGHTS LODGING: 1
ACTUAL NUMBER OF QTRS TAKEN: 6
ACTUAL NUMBER OF NIGHTS TAKEN: 1

ACTUAL LODGING COSTS

DAY 1	\$35.00	DAY 4	\$0.00	DAY 7	\$0.00
DAY 2	\$0.00	DAY 5	\$0.00	DAY 8	\$0.00
DAY 3	\$0.00	DAY 6	\$0.00	DAY 9	\$0.00

MISCELLANEOUS REIMBURSABLE EXPENSES

AIRFARE: \$0.00
TOLLS: \$3.00
TAXI(S): \$0.00
BUS(ES): \$0.00
POC MILEAGE: \$115.20
ENROUTE LODGING TAXES: \$2.15

TOTAL MISCELLANEOUS REIMBURSABLE EXPENSES: \$120.35

PER DIEM COMPUTATION (EMPLOYEE OR UNACCOMPANIED SPOUSE)

LODGING		LODGING	
DAY	LODGING	DAY	LODGING
1	\$35.00	6	\$0.00
2	\$0.00	7	\$0.00
3	\$0.00	8	\$0.00
4	\$0.00	9	\$0.00
5	\$0.00		

M&IE

6 QTRS AT \$7.50 PER QUARTER FOR A TOTAL OF: \$45.00

PER DIEM COMPUTATION (DEPENDENT TRAVELERS 12 YEARS AND OLDER): \$120.00

PER DIEM COMPUTATION (DEPENDENT TRAVELERS UNDER 12 YEARS): \$40.00

PER DIEM TOTAL FOR 1 DAYS: \$240.00

TOTAL PCS TRAVEL REIMBURSEMENT

MISCELLANEOUS REIMBURSABLE EXPENSES: \$120.35
LODGING: \$35.00

SUBTOTAL: \$155.35

EN ROUTE MEALS: \$205.00

SUBTOTAL: \$205.00

TOTAL REIMBURSEMENT: \$360.35

ADVANCE AMOUNT @ 70 PERCENT \$252.25

REMARKS:

TEMPORARY QUARTERS SUBSISTENCE EXPENSE WORKSHEET

NAME: John E. Doe

SSN: 123-45-6789

ENTER 1 FOR ACCOMPANIED OR 0 FOR UNACCOMPANIED: 1

EMPLOYEE OR UNACCOMPANIED SPOUSE:	1
NUMBER OF DEPENDENT TRAVELERS 12 YEARS AND OLDER:	2
NUMBER OF DEPENDENT TRAVELERS UNDER 12 YEARS:	1
FIRST THIRTY DAYS: 1	REMAINING DAYS: 0
MAX PER DIEM RATE FOR (EMPLOYEE OR UNACCOMPANIED SPOUSE):	\$85.00
NUMBER OF DAYS AUTHORIZED BY ORDERS:	60
NUMBER OF DAYS REQUESTED:	30

ADVANCE/MAX ENTITLEMENT COMPUTATION

EMPLOYEE OR UNACCOMPANIED SPOUSE

30 DAYS @ \$85.00 A DAY: \$2,550.00

DEPENDENTS 12 AND OLDER (75% OF EMPLOYEE'S ENTITLEMENT)

30 DAYS @ \$63.75 A DAY: \$3,825.00

DEPENDENTS UNDER 12 (50% OF EMPLOYEE'S ENTITLEMENT)

30 DAYS @ \$42.50 A DAY: \$1,275.00

TOTAL PER DIEM: \$7,650.00

AUTHORIZED ADVANCE AMOUNT (TOTAL PER DIEM X 50%): \$3,825.00

CLAIM COMPUTATION

EMPLOYEE'S ACTUAL EXPENSES (LESS UNAUTHORIZED ITEMS): \$5,600.00

EMPLOYEE'S MAXIMUM ENTITLEMENT: \$7,650.00

REIMBURSEMENT FOR 30 DAYS OF TQSE: \$5,600.00

REMARKS: THIS COMPUTATION IS BEING USED FOR ADVANCE PURPOSES ONLY.

HOUSEHUNTING COMPUTATION WORKSHEET

NAME: John E. Doe POC MILES 576
SSN: 123-45-6789 RATE \$0.3650

ENTER 1 FOR ACCOMPANIED OR 0 FOR UNACCOMPANIED:

MAX DAILY LODGING RATE FOR (EMPLOYEE OR UNACCOMPANIED SPOUSE): \$55.00
DAILY M&IE RATE (EMPLOYEE OR UNACCOMPANIED SPOUSE): 30.00
AUTHORIZED DAYS: 10
DAYS TAKEN: 7
FULL DAYS IN A TRAVEL STATUS: 5
PARTIAL DAYS IN A TRAVEL STATUS: 6
MAXIMUM NUMBER OF NIGHTS LODGING: 5
ACTUAL NUMBER OF NIGHTS LODGING: 4

ACTUAL LODGING COSTS

DAY 1	\$35.00	DAY 4	\$35.00	DAY 7	\$0.00
DAY 2	\$35.00	DAY 5	\$0.00	DAY 8	\$0.00
DAY 3	\$35.00	DAY 6	\$0.00	DAY 9	\$0.00

MISCELLANEOUS REIMBURSABLE EXPENSES

AIRFARE: \$0.00
RENTAL CAR: 0.00
FUEL: 0.00
PARKING: 0.00
TOLL(S): 0.00
TAXI(S): 0.00
BUS(ES): 0.00
POC MILEAGE: 210.24
HHT LODGING TAXES: 15.00

TOTAL MISCELLANEOUS REIMBURSABLE EXPENSES: \$225.24

PER DIEM COMPUTATION

<u>LODGING DAY</u>	<u>LODGING</u>	<u>LODGING DAY</u>	<u>LODGING</u>
1	\$35.00	6	0.00
2	35.00	7	0.00
3	35.00	8	0.00
4	35.00	9	0.00
5	0.00		

M&IE (EMPLOYEE OR UNACCOMPANIED SPOUSE):

5 DAYS AT \$30.00 PER DAY FOR A TOTAL OF: \$150.00
6 QTRS AT \$7.50 PER QTR FOR A TOTAL OF: \$45.00

PER DIEM (ACCOMPANIED SPOUSE) 75% OF EMPLOYEE'S ENTITLEMENT: \$0.00

PER DIEM TOTAL FOR 7 DAYS: \$140.00

MISCELLANEOUS REIMBURSABLE EXPENSES: \$225.24

TOTAL REIMBURSEMENT: \$560.24

ADVANCE AMOUNT @ 60 PERCENT \$336.14

REMARKS:

EMPLOYEE MOVING EXPENSE INFORMATION

PAYMENTS MADE DURING CALENDAR YEAR:

2002

NAME OF EMPLOYEE: John E. Doe

SSN: 123-45-6789

MOVING EXPENSE PAYMENTS

EXPENSES INCURRED AFTER 1993

1 TRANSPORTATION AND STORAGE OF
HOUSEHOLD GOODS & PERSONAL EFFECTS

\$0.00

\$0.00

\$0.00

2 TRAVEL AND LODGING PAYMENTS FOR
EXPENSES OF MOVING FROM OLD TO NEW
HOME. DO NOT INCLUDE MEALS.

\$155.35

\$0.00

\$155.35

3 LIST ALL OTHER PAYMENTS (SPECIFY).
NOTE: THESE AMOUNTS MUST BE
INCLUDED IN THE EMPLOYEE'S INCOME.

HOUSEHUNTING TRIP

\$560.24

\$0.00

\$560.24

TQSE

\$5,600.00

\$5,600.00

MISC. EXPENSE

\$0.00

\$0.00

REAL ESTATE TRANSACTIONS

\$0.00

\$0.00

\$0.00

4 TOTAL PAYMENTS FOR MOVING EXPENSES INCURRED AFTER 1993:

\$6,315.59

INSTRUCTIONS FOR EMPLOYEE

This form is furnished by your employer to give you the information you need to figure your moving expense deduction. The form shows the amount of any reimbursement made to you, payments made to a third party for your benefit, and the value of services furnished in kind for moving expenses. You should receive a separate form for each move you made during the calendar year for which you receive any reimbursement or during which payment is made for your benefit.

CAUTION: This form is not a verification of your moving expenses. It only shows the amount your employer paid for your move. These amounts may be different from the amounts you actually spent.

WHO MAY DEDUCT MOVING EXPENSES: If you file form 1040, you may deduct the reasonable expenses you paid or incurred during the tax year to move to a new principal place of work (workplace). But you must generally meet the "distance" and "time" tests explained later. If you incurred expenses shown on this form and they qualify as deductible moving expenses, you may include them in figuring your deduction. But you may not include expenses you deducted in a prior year.

For moves within or to the United States, use form 3903, moving expenses, to figure your deduction. If you moved outside the United States or its possessions, use form 3903-F, Foreign Moving Expenses, to figure your deduction.

DISTANCE TEST: For moving expenses incurred after 1993, your new workplace must be at least 50 miles farther from your old home than your old workplace was. For moving expenses incurred before 1994, your new workplace must be at least 35 miles farther from your old home than your old workplace was.

TIME TEST: If you are an employee, you must work full time in the general area of your new workplace for at least 39 weeks during the 12 months right after you move.

ADDITIONAL INFO: See instructions for form 3903 & 3903-F, or IRS Pub 521.

**NOTICE OF FEDERAL INCOME TAX WITHHELD FROM TRAVEL
AND TRANSPORTATION EXPENSES**

DATE:

17-Dec-02

TO: FEDERAL AVIATION ADMINISTRATION, AMZ-420
COAST GUARD PAYROLL OFFICE
PO BOX 25735
OKLAHOMA CITY, OK 73169

FROM: COMMANDING OFFICER (TVL)
U.S. COAST GUARD
HUMAN RESOURCES SERVICE &
INFORMATION CENTER
444 SE QUINCY STREET
TOPEKA, KS 66683-3591

NAME: John E. Doe


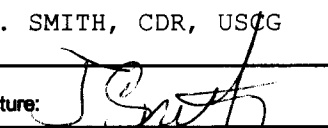
TONO: 1203G83PSC123

SSN: 123-45-6789

TOTAL ENTITLEMENT:				\$6,520.59
TAXABLE AMOUNT OF ENTITLEMENT:				\$6,365.24
WITHHOLDING TAX ALLOWANCE (38.8888 X TAXABLE AMOUNT OF ENTITLEMENT):				\$2,475.37
ADJUSTED TAXABLE AMOUNT (WTA + TAXABLE AMOUNT OF ENTITLEMENT):				\$8,840.61
FEDERAL WITHHOLDING TAX (27% X ADJUSTED TAXABLE AMOUNT):				\$0.00
FERS AND CSRS OFFSET EMPLOYEES				
MEDICARE WITHHOLDING (1.45% X ADJUSTED TAXABLE AMOUNT):				\$128.19
FICA WITHHOLDING (6.2% X ADJUSTED TAXABLE AMOUNT):				\$548.12
CSRS EMPLOYEES				
MEDICARE WITHHOLDING (1.45% X ADJUSTED TAXABLE AMOUNT):				\$0.00
VOUCHER SCHEDULE #	DATE PAID 17-Dec-02	VOUCHER AMOUNT \$5,284.04	AMOUNT TAXABLE \$6,365.24	AMOUNT WITHHELD \$676.31

REMARKS:

NOTE: NEGATIVE AMOUNTS ARE ENCLOSED IN PARENTHESES

Travel Authorization for Permanent Change of Station (DOT 1500.6A Travel Manual)		1. Name and Location of Accountable Office USCG OFC OF CIVILIAN PERSONNEL HR SVC CTR WPC-1 HQ ROOM 6228 2100 2ND ST SW WASHINGTON DC 20593			2. Authorization No. 203G83PSC123				
3. Name of Traveler JOHN E DOE		5. Residence Address (Number and Street, City, State, and ZIP Code) 123 MAIN ST NEW ORLEANS, LA 12345							
4. Social Security Number <u>123- 45 - 6789</u>		7. Type of Permanent Duty Travel: <input type="checkbox"/> Transfer <input type="checkbox"/> Return from Overseas for Separation <input type="checkbox"/> First Duty Station							
6. From: NEW ORLEANS, LA To: TOPEKA, KS									
You are authorized to perform the following travel and to be reimbursed for expenses as provided in the Travel Manual.									
8. Reporting Date 12/15/02	9. Names of Immediate Family (For travel purposes) JILL JIM BILLY			Relationship to Emp. SPOUSE SON	DOB (Children only) 12/11/81 11/13/91 10/15/00				
10. Date Service Agreement Signed 12/01/02									
11. Travel to Begin on or About 12/01/02									
12. Travel Time - Number of Days 10									
13. POV Mileage Rate <table style="width:100%;"> <tr> <td style="width:50%;">Employee 0</td> <td style="width:50%;">Family 20</td> </tr> </table>		Employee 0	Family 20	14A. One Round Trip is Authorized to the New Station for You and Your Spouse to Seek Residence Quarters: <input type="checkbox"/> Yes <input type="checkbox"/> No		14B. Maximum Number Days Authorized. 10		14C. Mode of Travel For Item 14A. <input type="checkbox"/> Rail <input type="checkbox"/> POV <input type="checkbox"/> Air (Lowest cost available) <input type="checkbox"/> Other (Specify): _____	
Employee 0	Family 20								
15. Transportation for You and Your Family is Authorized. (Check all applicable modes) <input type="checkbox"/> Rail <input type="checkbox"/> POV (Family will accompany employee) <input type="checkbox"/> POV (Family will not accompany employee) <input type="checkbox"/> Air (Lowest cost available) <input type="checkbox"/> Other (Specify) _____									
16. In Addition to Per Diem for Employee, Per Diem is Authorized for Family. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				17. Subsistence Expenses are Authorized for You and Your Family While Occupying Temporary Quarters for a Period Not to Exceed <u>60</u> Days.					
18. Transportation and Storage of Your Household Goods are Authorized up to a Maximum of <u>18000</u> lbs. <input type="checkbox"/> Commuted Rate <input type="checkbox"/> GBL (Actual expense) <input type="checkbox"/> Temporary Storage <input type="checkbox"/> Nontemporary Storage									
19. Allowances for Residence Transaction Expenses, Miscellaneous Expenses, and/or use of Relocation Services are Authorized: <input type="checkbox"/> Yes <input type="checkbox"/> No				20. Transportation of Your Dependents and Your Household Goods Should Be Completed as Soon as Practicable and Not Later Than <u>12/15/02</u> (date)					
21. Special Provisions or Remarks: MBR AUTH 1 POV. MBR AUTH HHG SHIPMENT VIA GBL. TEMPORARY STORAGE AUTH NTE 90 DAYS.									
22. Estimated Cost (Round to nearest dollar)		Item No.	Government Furnished (e.g., GBL/GTR)	Employee Reimbursed (e.g., Commuted Rate)	23. Accounting Data Object Class				
A. Round Trip to Seek Residence		14		350.00	2105				
B. Permanent Duty Travel		15, 16		400.00	2105				
C. Temp. Quarters Subsistence Allowance		17		5,900.00	1212				
D. Shipment of Household Goods		18	6,000.00		2221				
E. Storage of Household Goods		18	2,000.00		2221				
F. Residence Transactions Expenses	Sale/Lease Settlement	19			1210				
	Purchase	19		1,300.00	1210				
G. Relocation Services		19	20,000.00		1211				
H. Miscellaneous Moving Expense		19		1,000.00	1211				
I. Relocation Income Tax Allowance				5,100.00	1213				
J. Subtotals			28,000.00	14,050.00	K. Total 42,050.00				
24. Name and Title of Requesting Official (Type or print) I. M. BOSS, HR ASSISTANT, USCG				25. Name and Title of Approving Official (Type or print) J. SMITH, CDR, USCG					
Signature:  Date <u>11/12/02</u>				Signature:  Date <u>11/14/02</u>					

U.S. Department of Transportation
TRAVEL AUTHORIZATION FOR PERMANENT CHANGE OF STATION

PRIVACY ACT NOTICE: Under 5 U.S.C. chapter 57 and Executive Order 9397, the information requested is needed to determine payment for or reimbursement of allowable expenses and to record and maintain costs of such reimbursements. Information hereon may be disclosed to civil agencies under certain circumstances. Failure to provide pertinent information may result in delay or loss of reimbursement.

INSTRUCTIONS FOR COMPLETING FORM (See the Travel Manual, DOT 1500.6A, for Additional Guidance)

ITEM 1. Name of Accountable Office. Self-explanatory.

ITEM 2. Authorization No. Enter travel authorization number as prescribed in paragraph 2-0108 of the Travel Manual.

ITEM 3. Name of Traveler. Enter the payroll name of employee. Use the first name, middle initial and last name.

ITEM 4. Social Security Number. Self-explanatory.

ITEM 5. Residence Address. Enter complete residence address (number and street, State and Zip Code) from which employee commutes to work daily. Include apartment number, if applicable.

ITEM 6. From. Enter city and State of the old official station from which travel will be authorized.

To: Enter city and State (or local address if necessary) of the new official station to which travel will be authorized.

ITEM 7. Type of Permanent Duty Travel. Place an "X" in the applicable box to indicate the type of PCS travel. It is understood that only PCS travel that is for the convenience of the Government may be authorized by this form.

ITEM 8. Reporting Date. Enter the date employee is scheduled to report to the new duty station. This information is obtained from the Personnel Office.

ITEM 9. Names of Immediate Family. If the authorization covers the travel of a family, list each member of the family entitled to travel at Government expense. Give the date of birth (DOB) for each dependent child.

ITEM 10. Date of Service Agreement Signed. Enter date the employee signed the agreement to remain in Government service.

ITEM 11. Travel to Begin on or About. Enter the approximate date the employee will begin PCS travel. (Do not include date of travel for househunting trip here.)

ITEM 12. Travel Time - Number of Days. Enter the maximum number of days of authorized travel time. Fractional days should be shown.

ITEM 13. POV Mileage Rate. Show the authorized mileage rate for the employee and for the employee's family. (See Appendix C.)

ITEM 14A. Round Trip to the New Duty Station to Seek Residence Quarters. Place an "X" in the appropriate box. If you checked the "Yes" box, complete items 14B and 14C.

ITEM 14B. Maximum Number of Days Authorized. Indicate number of days allotted for the househunting trip. In no case may the househunting trip exceed 10 days, including travel time.

ITEM 14C. Mode of Travel for Item 14A. Indicate the mode of travel authorized for the househunting trip.

ITEM 15. Transportation for You and Your Family is Authorized. See item 7. Indicate the mode(s) of travel authorized. Consider the following:

a. When the family is authorized to travel separately from the employee and by different mode(s), this should be clearly indicated and the appropriate mileage rates shown in item 13.

b. If more than one POV is authorized, justification must be given in item 21. Where the use of more than one POV is used but is not justified, the employee will be authorized mileage for one POV only.

c. Where a family member is authorized to travel separately from other members, indicate the mode of travel authorized and furnish an explanation in item 21 including the mileage rate if applicable.

d. Any other unusual conditions or authorizations with respect to transportation of the employee and/or family should be included in item 21 as necessary.

ITEM 16. Per Diem for Family. Check whether per diem is authorized for employee's family.

ITEM 17. Subsistence Expenses While Occupying Temporary Quarters. Enter the maximum number of days authorized (not including extensions) for temporary quarters subsistence expenses (TQSE). Enter "0" if TQSE is not authorized.

ITEM 18. Transportation and Storage of Household Goods. Indicate the maximum weight the employee is authorized to ship at Government expense, the type of shipment and storage authorized.

ITEM 19. Allowances for Residence Transaction Expenses, Miscellaneous Expenses, and/or use of Relocation Services. Mark the appropriate box.

ITEM 20. Transportation of Your Dependents and Your Household Goods. Indicate the date by which these actions must be completed. (Add two years to item 8, the employee's reporting date.) Do not include extension periods.

ITEM 21. Special Provisions or Remarks.

a. Enter in this space any information required in other sections of the travel authorization when the space provided in that section is inadequate. Identify the affected section by preceding the additional information with the proper item number. Likewise, if the space provided in item 21 is inadequate, continue on the reverse side of the form or on a blank sheet of paper. If a separate sheet of paper is required, type the employee's name, the travel authorization number, and the date of the authorization on the sheet. Examples of the type of items to be included in item 21 are:

- (1) Authorization to carry excess baggage.
- (2) Authorization for delay en route to take leave.
- (3) Authorization to ship an automobile at Government expense.
- (4) Justification and authorization for use of more than one POV.

b. Also, include in this section, any special provisions, conditions, comments or remarks that are necessary or desirable for clarification. (Such clarification is essential for the traveler, as well as for reviewing officials, accounting personnel and auditors, and should cover any restrictions, limitations or special conditions which the authorizing official wishes to establish within the guidelines of the Travel Manual.)

ITEMS 22A. thru I. Estimated Cost. Enter the estimated costs for the items listed and the object class for each. Where there is a choice, be certain to place the cost in the appropriate column ("Government Furnished" or "Employee Reimbursed").

ITEM 22J. Subtotals. Enter the totals for the "Government Furnished" and the "Employee Reimbursed" columns.

ITEM 22K. Total. Enter the total by adding the two subtotals in item 22J. This figure should reflect the total estimated cost of the move.

ITEM 23. Accounting Classification. Enter accounting classification as required by the accounting office.

ITEM 24. Signature and Title of the Requesting Official. The official will sign the original copy. Type or print the requesting official's name and title in the space provided along with the date of request. If the requesting official is also the authorizing official, leave this item blank.

ITEM 25. Signature and Title of the Authorizing Official. An official delegated the authority to authorize PCS travel will sign the original copy of the travel authorization and will show in the space provided his/her typed or printed name, title and date of the approval.

REMOVE this instruction sheet from set. Use the reverse side of it as your **WORK** or **DRAFT COPY** and retain it for your files.